

ASBESTOS PROJECT PERMIT APPLICATION

To be submitted to the department at least two weeks (10 working days) prior to the start of work.

This form may be completed online at <https://app.mt.gov/AsbestosPermits>

ACCOUNTING CODE: 574832 / 502702 / 02202

TYPE OF ACTIVITY

☐ Encapsulate (S) ☐ Remove (V) ☐ Transport/Disposal (TD) ☐ Revision to Permit No:
☐ Enclosure (N) ☐ Renovation (R) ☐ Repair (P) MT P/N/C/F:

ASBESTOS PROJECT CONTRACTOR (Operator)

Asbestos Project Contractor, Individual or Company Name

Mailing Address City State Zip County

Company E-Mail Address (Optional) Contractor Contact Person (First and Last Name)

Telephone Number Fax Number

On-Site Project Contractor/Supervisor Contractor/Supervisor Accreditation Number Expiration Date

SITE/BUILDING OWNER

Owner Name

Mailing Address City State Zip County

Telephone Number Contractor Contact Person for Owner(First and Last Name)

SITE INFORMATION

Building Name / Site (Please note that site name listed may not be reflected on permit or online listing of approved projects)

Location Address City State Zip County

Site Contact Person (First and Last Name) Site or Contact Person Telephone Number

Building Size (sq. ft.) Number of Floors Age of Site in Years Latitude Longitude

LOCATION PRESENT USE*

*Commercial ~ Hospital ~ Industrial ~ Miscellaneous ~ Office ~ Public Building ~ Residence ~ School ~ Ship/Boat ~ University/College ~ Vacant

☐ C ☐ H ☐ I ☐ M ☐ O ☐ P ☐ R ☐ S ☐ B ☐ U ☐ V

LOCATION PRIOR USE*

☐ C ☐ H ☐ I ☐ M ☐ O ☐ P ☐ R ☐ S ☐ B ☐ U ☐ V

PRE-RENOVATION/DEMOLITION ASBESTOS INSPECTION INFORMATION

Is Asbestos Present? ☐ Yes ☐ No Inspection Date:

Printed Name of Inspector Who Performed Inspection

Accreditation Number

Expiration Date

The above-referenced inspection report must be kept on site during the asbestos project, and during subsequent renovations or demolition.

SCHEDULED DATES FOR ON-SITE ASBESTOS PROJECT*

Start Date (mm/dd/yyyy)

Complete Date (mm/dd/yyyy)

*T&D of waste not done under permit is noted below.

SCHEDULED DATES FOR ASBESTOS WASTE DISPOSAL

(When not disposed of during permitted dates.)

Start Date (mm/dd/yyyy)

Complete Date (mm/dd/yyyy)

TYPE OF AND APPROXIMATE AMOUNT OF ASBESTOS-CONTAINING MATERIAL

(See Continuation Sheet (MTACP-LACMCS: [PDF](#) / [Word](#)) to list more items)

		Regulated ACM (Description)				Non-Friable ACM to be removed		Non-Friable ACM <u>not</u> to be removed	
Amount		Measurement				CAT I	CAT II	CAT 1	CAT II
1		<input type="checkbox"/> SF	<input type="checkbox"/> LF	<input type="checkbox"/> CF	<input type="checkbox"/> EA				
2		<input type="checkbox"/> SF	<input type="checkbox"/> LF	<input type="checkbox"/> CF	<input type="checkbox"/> EA				
3		<input type="checkbox"/> SF	<input type="checkbox"/> LF	<input type="checkbox"/> CF	<input type="checkbox"/> EA				
4		<input type="checkbox"/> SF	<input type="checkbox"/> LF	<input type="checkbox"/> CF	<input type="checkbox"/> EA				
5		<input type="checkbox"/> SF	<input type="checkbox"/> LF	<input type="checkbox"/> CF	<input type="checkbox"/> EA				
6		<input type="checkbox"/> SF	<input type="checkbox"/> LF	<input type="checkbox"/> CF	<input type="checkbox"/> EA				
7		<input type="checkbox"/> SF	<input type="checkbox"/> LF	<input type="checkbox"/> CF	<input type="checkbox"/> EA				

